

POSITION	ID NO.	DATE
CLASSIFIER	/2	5-14
EXAMINER	904	3-20
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	710	3/29
DRAFTING		

INDEX OF CLAIMS

Claim	Date
1	7/18/45
2	7/18/45
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SYMBOLS
 - Rejected
 (Through number) Allowed
 - Cancelled
 - Non-rejected
 - Interfered
 - Appeal
 - Objected

Claim	Date
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(LEFT INSIDE)